

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN

PREMIUM RATES

Effective July 1, 2007

LEGACY EMPLOYEES

(INITIALLY HIRED BEFORE 1/1/2006)

COVERAGE TYPE

	BASE (High Deductible)		SELECT
	TOTAL	EMPLOYEE	TOTAL
			EMPLOYEE

ACTIVE*				
Employee*	\$338	\$0	\$356	\$0
Employee + Spouse	\$672	\$334	\$735	\$379
Employee + Spouse & Child(ren)	\$848	\$510	\$911	\$555
Employee + Child	\$426	\$88	\$489	\$133
Employee + Children	\$560	\$222	\$623	\$267

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE

Retiree	\$388	\$409
Retiree + Spouse (Non-Medicare)	\$772	\$845
Retiree + Spouse & Child(ren) (Non-Medicare)	\$975	\$1,047
Retiree + Child	\$489	\$542
Retiree + Children	\$644	\$676
Retiree + Spouse (Medicare)	N/A	\$569
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$702

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE

Retiree	\$388	\$409
Retiree + Spouse (Non-Medicare)	\$772	\$845
Retiree + Spouse & Child(ren) (Non-Medicare)	\$975	\$1,047
Retiree + Child	\$489	\$542
Retiree + Children	\$644	\$676
Retiree + Spouse (Medicare)	N/A	\$569
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$702

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE

Retiree	N/A	\$160
Retiree + Spouse (Non-Medicare)	N/A	\$596
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$798
Retiree + Child	N/A	\$293
Retiree + Children	N/A	\$427
Retiree + Spouse (Medicare)	N/A	\$320
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$453

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE

Retiree	N/A	\$160
Retiree + Spouse (Non-Medicare)	N/A	\$596
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$798
Retiree + Child	N/A	\$293
Retiree + Children	N/A	\$427
Retiree + Spouse (Medicare)	N/A	\$320
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$453

RETIRED NON-MEDICARE MARRIED TO ACTIVE

Retiree	\$361	\$379
Retiree + Child	\$449	\$512
Retiree + Children	\$583	\$646

* The State pays 100% of the Legacy employee's premium for Base (\$338) or Select (\$356) coverage.

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HORIZON EMPLOYEES

(INITIALLY HIRED ON OR AFTER 1/1/2006)

COVERAGE TYPE

	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE

ACTIVE*				
Employee*	\$338	\$0	\$356	\$18
Employee + Spouse	\$672	\$334	\$735	\$397
Employee + Spouse & Child(ren)	\$848	\$510	\$911	\$573
Employee + Child	\$426	\$88	\$489	\$151
Employee + Children	\$560	\$222	\$623	\$285

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE

Retiree	\$566	\$587
Retiree + Spouse (Non-Medicare)	\$1,128	\$1,201
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,261	\$1,334
Retiree + Child	\$647	\$720
Retiree + Children	\$781	\$854
Retiree + Spouse (Medicare)	N/A	\$747
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$880

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE

Retiree	\$566	\$587
Retiree + Spouse (Non-Medicare)	\$1,128	\$1,201
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,261	\$1,334
Retiree + Child	\$647	\$720
Retiree + Children	\$781	\$854
Retiree + Spouse (Medicare)	N/A	\$747
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$880

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE

Retiree	N/A	\$160
Retiree + Spouse (Non-Medicare)	N/A	\$774
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$907
Retiree + Child	N/A	\$293
Retiree + Children	N/A	\$427
Retiree + Spouse (Medicare)	N/A	\$320
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$453

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE

Retiree	N/A	\$160
Retiree + Spouse (Non-Medicare)	N/A	\$774
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$907
Retiree + Child	N/A	\$293
Retiree + Children	N/A	\$427
Retiree + Spouse (Medicare)	N/A	\$320
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$453

RETIRED NON-MEDICARE MARRIED TO ACTIVE

Retiree	\$361	\$379
Retiree + Child	\$449	\$512
Retiree + Children	\$583	\$646

* The State pays 100% (\$338) of the Horizon employee's premium for Base coverage. For Select coverage, the State pays \$338 of the Horizon employee's total (\$356) premium.

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COBRA ENROLLEES

(Legacy and Horizon)

COVERAGE TYPE

BASE (High Deductible)

SELECT

COBRA

Participant	\$344	\$363
Participant + Spouse	\$685	\$749
Participant + Spouse & Child(ren)	\$864	\$929
Participant + Child	\$434	\$498
Participant + Children	\$571	\$635

COBRA DISABILITY EXTENSION

Participant	\$507	\$534
Participant + Spouse	\$1,008	\$1,102
Participant + Spouse & Child(ren)	\$1,272	\$1,366
Participant + Child	\$639	\$733
Participant + Children	\$840	\$934